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ORIGINAL ARTICLES.

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A CONTRIBUTION TO THE PATHOGENESIS OF CHLORINE.

In the forenoon of Nov. 2nd., 1869, a bleaching fluid was made from chloride of lime, sulphuric acid and water; when the acid was poured in and the bottle shaken the yellowish-green gas soon blew out the cork, and before the infernal 'stink-pot' could be got into the open air the unlucky maker had inhaled three inspirations. Appended are the notes taken during and after the asthmatic attack which followed.

At once tightness of chest; whistling-wheezing cough, some dyspnœa.

Dyspnœa rapidly increasing, profound sense of impending suffocation; cough with expectoration of thick, white, frothy mucus.

Dyspnœa still increasing; great anxiety—not that he thinks he will die, but on account of the impeded respiration (should call it a *physical* not a *psychical* anxiety.)

Inspiration easy, but not sufficient to fully inflate the lungs—*could not* completely fill them with air. Inspiration is attended with a *short* rattling-crackling *rale.*

Expiration difficult; prolonged, and seems as if insufficient—as if the air-cells were hardly half emptied. Expiration is accompanied by prolonged, loud, whistling *rales* (not *one* sound merely but a combination of several) and each pulsation of the heart gives a *crescendo-diminuendo* effect to them.

Constant cough, the bronchi apparently filled with thick, tenacious mucus. No relief from expectoration,—chest seems to fill again at once.

When coughing it seems as if I must surely vomit—as if the effort to "raise" the phlegm would also empty the stomach—yet no

nausea is felt. Warm sweat broke out on the forehead while coughing.

Was restless; desired to walk about; could not be easy either lying, sitting, or walking—seems as though the whole attention must be centered upon the act of respiration. Warm room was very suffocating, but cold open air gave no marked relief.

Nose discharged mucus freely. Water dropped from left nostril—did not burn, or excoriate the skin.

The right lung seems to feel the force of the gas most markedly. (Having been *dosed* by inhalation the superior size and *position* of the right bronchus most probably explains this seemingly one-sided action.)

Sensation in lower an inner third of right lung as if it was ruptured—there is a *feeling* as if air escaped from the lung into the pleural cavity at each *inspiration*: the inspiration being attended by a separate rattling *rale*, confined to the *quasi* ruptured locality the vibrations of which were felt by the *common sensation* (cœnæs thesis,) perceptible to the touch (hand on chest,) and audible to the bystander.

Fits of coughing in which phlegm was always raised and ejected, but only after long and fatiguing efforts. In a minute or two phlegm would again collect causing a fit of exhausting coughing until it was expectorated.

The above *role* was nearly two hours in the enacting. Two and a quarter hours after inhaling the gas the chest feels sore interiorly, especially on coughing. Whistling *rales*, which are quite loud on a forced expiration. The chest is still oppressed. Throat sore from uvula to bronchi.

Quarter of an hour later, *expiration easy and noiseless, inspiration* a little difficult and attended with *rales*. A feeling as if the rima glottidis were stiff—as if made of an iron ring.

Coughs seldom; no expectoration, but a little hoarseness. At each cough, a spot in the chest (region of right bronchus) feels sore, as if the cough jarred and hurt it.

Smell of chlorine in right nostril, left one entirely stopped up.

The sensation of oppression was most felt in the right lung.

When the dyspnœa was at the worst it was attended with a feeling as if a narrow band were drawn tightly around the lower third of the whole chest.

For two days after, throat and chest were sore and voice was hoarse.

If the reader is conversant with Dr. Carroll Dunham's 'proving'

of chlorine gas—*American Homœopathic Review*, Vol. 2, p. 18—he will readily observe the marked contrast between it and this experience. In Dr. Dunham's case "Inspiration was unimpeded," and the glottic spasm obtained; in our instance expiration was the more impeded, and the only hint of any action on the glottis was found in the feeling of stiffness in the rima glottidis. This difference may be owing to the fact that we inherit asthma: hearty laughter gives us a fit of wheezing, and one whiff from an ignited *locofoco* match entails an hour's semi-suffocation.

The pathogenesis of Chlorine collated by Mr. Cattell—*Brit. Jour. of Homœopathy*, Vol. XI, p. 157—stamps the symptoms obtained by our disaster as genuine chlorine effects.

S. A. JONES.

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THE APPLICATION OF REMEDIES TO THE PUERPERAL CONDITION.

By HENRY M. LEWIS, M.D., and HENRY MINTON, A. M., M. D.
(Continued from page 162.)

COFFEA.

PREGNANCY.—*Hyperesthesia of all the senses. Painful perception of slight motion*, like that of a rocking-chair—it seems to her gigantic in character. Vertigo from the motion of a rocking-chair. Excited imagination—feels remarkably well. *Increased power to think and to make bodily exertion.* Fainting and hysteric fits, with spasms in the abdomen; difficult breathing and cold perspiration. Headache; the head feeling contracted—too small. Intense pain in one side of the head, as if a nail was being driven into the parietal bone. Intense itching of the vulva, with desire to scratch, but the parts are too sensitive. Nymphomania. Restlessness, wants to move about continually. *Sleeplessness from drinking too much tea;* is sleepy, but can't sleep. *Suddenly starts from sleep and is kept awake a long time by over activity of the mind*, which is crowded with all manner of foolish fancies. Bad effects from joyful surprises.

BEFORE LABOR.—Sleeplessness. Noises at a distance, and which others do not notice, disturb her.

DURING LABOR.—*The pains are very violent, but ineffectual, following each other in quick sucession, and attended with great agitation, restlessness and tossing about.* The pains seem insupportable.

AFTER LABOR.—Hæmorrhage with voluptuous itching and tingling of the parts, but they are so sensitive they cannot bear to touch them.

CONVULSIONS—may be called for by attendant symptoms.

AFTER-PAINS with great nervous excitement. The pains are insupportable; may be followed by convulsions with coldness and rigidity of the body. She is very sleepy, but the pains keep her awake. Joy at birth of her child manifests itself in hysterical laughing or weeping; or, she changes from one to the other. *She is so happy and so proud of her baby, she cannot sleep, but talks of it constantly..*

PUERPERAL FEVER.—With excessive nervous irritation, and when the pains seem intolerable, other symptoms agreeing.

LOCHIA.—Too profuse; with characteristic nervous symptoms.

BREASTS.—Milk too profuse, or too scanty.

CONCOMITANTS.—The great characteristic for this remedy will be found in the hyperesthesia of all the senses. The visual power, the hearing, the taste, the smell, and the feeling are morbidly increased, hence the ability to easily read very fine print, the sleeplessness and starting, the susceptibility to pain, etc. All the secretions and functions of the various organs are carried on with increased activity, and we have increase of appetite, fever discharges, alvine and urinary; the pulse is rapid, the mind active and full of fancies, and this reaching on the excited sexual organs, results in nymphomania, accompanied with profuse mucous secretions and bloody discharges.

COLCHICUM.

PREGNANCY.—Peevish, ill-tempered. Absence of mind. *Great drowsiness and sleepiness;* falls asleep every time she attempts to read. *Painful acuteness of the sense of smell.* Paleness and œdematous swelling of the face. *Sense of painful stiffness in the tongue.* Aversion to food. *Disgust from the smell of cooking meat.* The smell of fresh eggs is also especially offensive. Vomiting of bitter, yellow mucus preceded by violent gagging. Empty eructations, especially in the forenoon. Burning in the stomach, tenderness on pressure. *Diminished discharge of urine; brown-black urine; urine almost like ink, and containing albumen. The whole urethra hurts, as if raw, during the passage of the urine. Constant desire to urinate. Dropsical swelling of legs and feet, which are always cold. Great weakness, with sensation of lameness through all the limbs. Feverish restlessness in last months of pregnancy.*

BREASTS.—Nipples dark-brown and much protruding (4th day after delivery), least touch from the child causing the most unbearable pain.

COLCHICUM.—Sabadilla and Veratrum form a natural group, whose symptomatology may be comparatively studied with benefit. The urinary and dropsical symptoms of this drug are such as may indicate its prescription in threatened cases of puerperal convulsions. I find no homœopathic literature bearing especially upon this point but writers of the old school, while ignorant of the law of its action, have yet recognized in it one of the most important, if not the principal remedy in such conditions.

COLOCYNTHIS.

PREGNANCY.—Aversion to talk; answers laconically. Unnatural lack of religious feeling. Colocynth may be indicated in neuralgic affections occurring during pregnancy. *Neuralgia of left side of face* with cramplike sensation in left malar bone, extending into the left eye. Digging, pulsative pain along the left side of the nose. Headache on the left side, as if that part of the head would be torn off. Motion and touch aggravate the pains; rest and warmth ameliorate. The left ear aches, and the teeth throb and ache. Sciatica—right-sided. Shooting, drawing pain in right thigh when standing or sitting—Pain darting down the anterior crural nerve. Colic aggravated by eating, drinking or motion. Colic doubles them up. Relief of colic from pressing something hard against the abdomen.

LOCHIA.—Suppressed with violent colic; tympanitic swelling of the abdomen and diarrhœa. Suppresion and colic brought on by anger.

PUERPERAL FEVER.—After vexation, with colic restlessness and cutting in the abdomen, as from knives; the abdomen distended. Characteristic diarrhœa of yellow, frothy, bilious matter, aggravated after eating or drinking.

CONIUM MACULATUM.

PREGNANCY.—*Forgetfulness; indifference, the most complete.* Sadness and depression; thinks she is going to die. Dreads society and seeks solitude, yet is fearful and apprehensive when alone. Trifles vex and disturb her. Indisposition to work or to read; finds it difficult to comprehend what she reads. Dulness of all the senses. Vertigo when rising up after stooping; *vertigo when lying down, especially on attempting to turn over;* vertigo on going downstairs, everything seems to swim about her, and she has to hold on

to the rail to keep from falling. Some lateral, gradually increasing headache, as if a load were pressing downwards in the head; this feeling is aggravated by turning the eyes towards the affected side. *Headache in the morning on waking, as if the head was too full and would burst.* Sensation as of a foreign body in the right half of the brain. *Objects appear surrounded by a rainbow aureola—they appear red. Mistiness before the eyes. Increase of previous shortsightedness, or shortsighted persons becoming able to distinguish objects at a distance.* Roaring and humming in the ears at night. Hardness of hearing. *Pale, sickly, yellowish complexion. Pale, purple-bloated face.* Nightly prosopalgia; tearing pain in one side of the face coming and going like an electrical discharge and occuring every four or five minutes. Nervous toothache, with drawing pain when walking in the open air, or from eating anything cold. Gnawing, boring, lancinating or jerking pain in the tooth. Gums bleed easily, and are swollen and bluish-red. *Frequent hawking of mucus.* Tongue is stiff and swollen. Spasms of the fauces rendering deglutition difficult. Bitter taste in the mouth with thirst. Loss of appetite and thirst. *Desire for coffee, salt, and salt articles of food. Desire for acids.* Milk disagrees; inflation of the abdomen immediately on drinking it. *Slimy and watery eructations.* Gulping up of our substances from the stomach. Frequent empty eructations with fullness in the throat and subsequent pain in the stomach. Eructations tasting of the ingesta a long time after eating. *Nausea and inclination to vomit after every meal.* Continual vomiting. Vomiting of mucus, with chilliness and burning pain in the stomach. *Sore and raw feeling in the stomach.* Pain in the stomach three or four hours after eating, sometimes wakens with it at night. Contractive pain in the abdomen like after-pains, causing tenesmus. *Violent cutting pain or lancinations in the abdomen, as if a knife were plunged into it.* Rumbling, gurgling and grumbling in the abdomen. The motions of the fœtus wake her every time she falls asleep. Fœtid flatulency—*many feel cold when emitted.* Cutting pains in abdomen during and previous to the emission of flatus. *Frequent urging without stool.* Stool scanty and hard every other day, with much tenesmus. Stools frequent but very scanty and seeming to afford but little relief. Diarrhœa, the stools being liquid, undigested, or fluid mixed with hard lumps *and followed by extreme weakness.* Stools preceded by cutting pains in the abdomen, and accompanied by much noisy emission of flatus; burning at the anus and heat in the rectum. Urine pale, depositing a greyish white sediment. *Flow of urine intermits,* suddenly stops

and then continues again. *Burning in the urethra immediately after urinating.* Violent itching of the pudendum. Pimples on the mons veneris, painful and sensitive to touch. Itching of the vagina. Pain and itching sensations in the mammæ and nipples. Scirrhous indurations of the breasts. *Dwindling away of the breasts and increase of sexual desire.* Cough without expectorations, yet relieving the oppression of the chest causing it. Cough with inability to throw off the expectorated matter—she has to swallow it. Sleep is unrefreshing, she rises tired and languid. The motions of the fœtus disturb her sleep. Sleeplessness; tosses about uneasily until very late, and then when finally she does sleep, she is *tormented by threatening dreams; dreams full of all manner of distressing things* — dreams, anxious, repulsive, threatening, vivid, frightful, voluptious, etc., etc. *Erotic and evanescent itching of all parts of the body.* Scrofulous swelling and induration of external glands.

BEFORE LABOR.—Fœtal motions painfully perceptible and destroying her rest. Aching pain in the abdomen every night while in bed—better on getting up and walking about.

DURING LABOR.—The os is hard and undilatable, the pains being spasmodic and ineffectual; these symptoms are vague, and its selection during labor must be determined by general symptoms—*the peculiar vertigo on turning*, etc.

LOCHIA too profuse; with characteristic nervous symptoms.

BREASTS.—Galactorrœa with breasts distended, when sudden weaning is necessitated. Mastitis. Pain and itching in the breasts, the skin being red and scaly, with a burning sensation after rubbing. Hardness of the right mammæ with nightly stitches and pain from contact. Scirrhous indurations.

CONCOMITANTS.—Conium will be found useful in cases whose history reveals that the *menses have been too late and scanty*, and that each monthly period has been attended with pain, swelling and soreness of the breasts. It is indicated in scirrhous indurations of the breasts and uterus, or of the external glands. Scirrhous conditions of the mammæ following contusions. It is especially adapted to the diseases of pregnancy, and will be found indispensable there. *Snow in the air brings on and aggravates conium symptoms.*

ON THE EFFECTS OF COPPER UPON THE SYSTEM.*

BY EDWARD CLAPTON, M. D.

There are several phenomena connected with the slow introduction of copper in the system which I am desirous of bringing before this society, as I am not aware that they have yet been recorded. They are at least interesting in a clinical point of view, even if they should not prove of any therapeutical value.

I was first led to the consideration of these points by the following case:—

William D., 32, a sailor, attended as one of my out-patients at St. Thomas's Hospital in July 1867. He was a very thin, miserable-looking man, suffering from chronic gastro-enteritis. He stated that he was compelled during the greater period of a long voyage to drink lemon-juice which had been kept in a copper tank. The master of the vessel had recourse to this expedient, because in a former voyage he had experienced much difficulty in preserving the lemon-juice. The rest of the crew suffered in a similar manner. His symptoms were frequent vomiting, purging, and griping, a patchy tongue, partly furred and partly morbidly red; a feeling of constriction in the throat, coldness and numbness of the extremities, a small frequent pulse, constant headache, and frequent cramp of legs. One peculiarity which I made a particular note of at the time, was the existence of a most marked green line on the margin of the gums and for some little distance on the teeth.

Not long after this I noticed a similar appearance on the gums and teeth of a young woman who was employed in an artificial flower manufactory, in which occupation she was obliged to be constantly inhaling the fine dust of verdigris and emerald green (an aceto-arsenite of copper).

In June of last year a coppersmith from Penn's factory, Deptford, came under my care at the hospital. He was laboring under vertigo, gastrodynia, flatulence, a peculiar coppery taste, frequent vomiting and dyspepsia, tongue moist and flabby. There was a dark green stain which extended over at least half of each tooth.

He informed me that there were fifteen other men working in the same shop. I several times visited the factory, as also other copper works situated in Deptford; New Cut; York Road; Lambeth;

*Transactions of the Clinical Society, Vol. III. p 7.

and Chandos street, Charing Cross. Several patients from there and other works have subsequently come under my care as out-patients. Most of the workmen (especially those who were in ill-health) had green stains on their teeth, of different shades of color, varying from a light bright green to a dark greenish brown.

Their perspiration, too, had a bluish-green tinge. I examined the shirts and flannel vests of several, and found some very deeply stained, especially under the arms. I thought at first it might have been the copper particles or fumes, which had lodged in the skin and garments, and so by its direct action caused the discoloration; but on a careful examination I was convinced it was not so. Even after a hot bath and a thorough washing with soap, a clean shirt will be quickly stained with the green perspiration, especially after a brisk walk on a hot day.

The discharges from a large ulcer on the leg in one case which I saw, was of a deeper color even than the perspiration, though the leg was covered by a large piece of rag, a bandage, and a thick wollen sock. I noticed, too, that the wooden handles of the hammers and other tools were all of a green color, from the perspiration of the hands.

The hair of several old workmen had also a distinct greenish tinge, and I was informed that it remained permanently so, even after they had left work altogether, but there is no instance of its occurring under twenty years' service.

On the whole, I may say that the workmen are a healthy set of men. They do not suffer from any definite diseases as do the workers in lead, arsenic, and mercury. This cannot be altogether from copper being a less volatile metal, as has been suggested, inasmuch as the air of the shop, when viewed in a bright ray of light, is distinctly seen to be highly charged with bright metallic particles, and the fumes given off during the process of strongly heating the copper for joining purposes are intensely powerful and suffocating. These fumes appear to be far more injurious than simply inhaling the dust. Pure water, too, kept in the room for even a short time can be shown by tests, such as putting in the steel blade of a knife, to be charged with copper.

Although, as I said, no definite disease results from the constant introductions of copper in the system, still many of the men complained of habitual lassitude and giddiness, and a disinclination when not at work, to go about as the workmen in other branches do. Some of them were exceedingly thin and had very unhealthy complexions.

One very remarkable circumstance (of which I was first informed last year by Benham and Froude, Chandos street) was mentioned at each of the works—viz., the absolute freedom of the workmen from cholera or even choleraic diarrhœa. During each of the great cholera attacks there were terrible ravages in one or other of their neighborhoods, but not one of these men was in the slightest degree affected. Yet they do not habitually suffer from constipation. On the contrary, th[illegible]early all speak of the great regularity of their bowels. Diuresis is not uncommon. I have one outpatient at the present time from Stone's factory at Deptford, who passes five or six pints of urine daily, though there is not a trace of sugar in it, and its specific gravity is not over 1014. Copper, in fact, is not physiologically, though it is therapeutically, an astringent. *Its specific action as a prophylactic in respect of cholera and choleraic diarrhœa* * probably depends in great measure on its being so decided a disinfectant, not only as regards its direct action on sulphuretted hydrogen and hydrosulphurets, but also from its well-known influence in destroying all kinds of minute fungi, and preventing the germination of their spores, for which purpose it is commonly used as a preservative against dry rot and smut in corn. *At all events, the immunity of this class of men from cholera is a remarkable and positive fact.* [Homœopathic italics, again. S. A. J.] I have for a long time made many inquiries in this matter, and cannot as yet learn that a single case has occurred amongst them. The foreman at Penn's factory, a very intelligent man, informed me that at Edinburgh during the great outbreak of cholera there, it was considered amongst the men (over fifty in number), in one of the most extensive copper works, a marvellous circumstance that they one and all escaped, though it never entered into their heads that this could be in any way due to the nature of their occupation.

It seems to me, therefore, that in seasons of cholera, some form of taking it in small quantities as a prophylactic might be devised with the utmost benefit—perhaps the sulphate of copper; it is not in any way injurious, even if it should do no good. Dr. Elliotson related the case of a patient who had taken sulphate of copper daily for three years, for a particular complaint, without its having produced any constitutional effect.

At all events, some form of copper fumigation in houses, might easily be devised, and it might also be used in solution as a disinfectant.

Another noteworthy fact is the rapidity with which wounds,

* May not a Homœopath be allowed to italicize this passage? S. A. J.

either incised or punctured, heal. An injury such as amongst other workmen, especially those in lead, would (as they say) be sure to fester, and compel them even to leave work for a few days, is thought nothing of by the copper-workers.

Report on DR. CLAPTON'S *Paper on the Effects of Copper in the System.*

Two extensive copper foundries were visited on April 28, 1870—namely, those of Messrs. Penn, and of Messrs. Stone, in Deptford.

Twelve workmen were examined. Their ages varied from 16 to 68 years. The number of years during which they had been employed in copper foundries ranged from 3½ to 55 years. Their aspect, generally, was not that of good health: they were mostly sallow-looking, and many complained of lassitude and dyspepsia. Diuresis was not uncommon among them. They said that they lose their teeth early. It was stated that cuts and wounds heal very rapidly among these men, and it was also asserted that they have always been strikingly exempt from cholera, even when this disease has been severely prevalent among their neighbors.

The green line on the gums and teeth spoken of by the author of the paper was closely investigated. It was found to vary from light green to a dark olive color on the teeth. Its existence on the gums was not seen in any of the men examined by us. The green discoloration of the teeth was most observable on the upper front teeth up to the edge of the gum, where they are protected by the folds of mucous lining of the lips. It could not be removed by scraping with an ordinary penknife. It was uniformly absent from the posterior aspect of the teeth, arising, doubtless, to the friction of this surface by the tongue. In one or two instances of young men, the green line was wholly wanting, apparently in connection with habits of stricter personal cleanliness. It was further uniformly absent from the teeth of the men employed in the melting rooms, where the dust and fumes were carried off by the flues.

With reference to green discoloration of the clothing, attributed by Dr. Clapton to the perspiration, we observed that the workmen's shirts and flannel vests were stained green in the armpits, while the men stated that their drawers were also stained behind the knees, but seldom higher than that point. These facts were by the workmen themselves, voluntarily referred to the detention in these parts of the particles of metallic dust passing up their sleeves and trousers.

The handles of hammers and other tools used by these men were also in like manner stained green.

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Green discoloration of the hair was observable in several instances, marked off at a line where the hat or cap covered the head. One man attributed this to a habit of passing his fingers through his hair while at work.

Dr. Lawson has examined some of this hair at Dr. Clapton's request. We append a copy of the letters from that gentleman to Dr. Clapton:—

'October 29, 1869.

'I have examined the hair of your copper patients. I find that when burnt, distinct evidence is given of the presence of copper by the examination of the flame with the spectroscope in the ordinary way.

When examined under the micro-spectroscope, however, they gave no absorption bands such as we see in cases of carmine, blood, Condy's fluid, and such like. From these facts I should be disposed to infer, that the stain on the hair is not due to copper absorbed into the system and then excreted, but is the result of the lodgement of minute particles of copper on the external surface of the hair, much in the same way as a lead comb acts.'

One of the workmen has had for several years past a large open ulcerated surface on his left leg. The dressings on this were carefully examined, and were not found to present any green color. The secretion from the surface of the ulcer was mopped up with white blotting paper, and carefully tested for copper without that metal being discovered. The urine of this man was also subjected to chemical examination, with the same negative result.

In conclusion, we have to report that we could detect no evidence of any eliminative process from the blood itself.

GEORGE W. CALLENDER.
W. K. RESTEVEN.

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OPHTHALMIC THERAPEUTICS.

BY T. F. ALLEN. M. D.

(Continued from page 225.)

ATROPINE.

In addition to the extensive use of Atropine for dilating the pupil, has of late come into vogue, its use for the purposes of lessening the

intra-ocular blood pressure in inflammatory diseases of the internal structures of the eyeball, as also of inflammations of the cornea and even conjunctiva.

Its wholesale and empirical application for therapeutic purposes is most unwise and often unsafe, since we have few accurate data upon which to base a prescription of Atropine *to cure*, (it should never be used when Belladonna is indicated, since Atropine does not comprise Belladonna.)

It is a very happy provision, that the local application of Atropine to a healthy eye, almost always spends its whole drug power upon the peripheral nerve fibres of the Iris and ciliary muscle; and that very seldom indeed, do any constitutional symptoms arise. The instances of such marked drug affinity for accessible portions of the human body are, indeed, very rare, or at least but rarely recognized.

We have, then, a mechanical agent (as it were) for treating diseases of the Iris. Neither Belladonna nor Atropine are often indicated remedies in iritis, and the local use of Atropine rarely if ever cures the diseased condition. Is, then, the use of Atropine to be commended? The necessary conditions for the successful treatment of Iritis are above all. (1.) Rest of the organ affected. (2.) Isolation as far as possible, from contiguous structures; in order to avoid adhesions of the iris to the surface of the lens. Rest of the iris can be approximately obtained by placing the patient in a perfectly dark room, and keeping him in a recumbent position. But we still have to deal with emotional effects, as well as the irritating actions of the inflammatory process. Darkness favors the dilatation of the pupil and consequent withdawal of the margin of the iris from the lens capsule, but the inflammatory process supplies the stimulus or irritation which was banished with the light, and but little has been gained in sub-acute forms of the disease (often of long duration.)

We cannot keep the patient constantly in the dark without detriment to his general health. (An attempt of this kind, early in my ophthalmic experience, was attended with considerable damage to myself, as well as to the patient, from a speedy cure by another oculist, who sent the patient to the park with blue glasses, and a drop of a solution of the sixteenth of a grain of Atropine, with no medicine; keeping the iris quiet for three days, cured the patient!)

In several years I have seen no single bad effect from the use of a strong (4 grs. to the ounce) solution of Atropine, for dilating the pupil in order to examine the fundus; it is well, however, to avoid its use in all stages of glaucoma, as cases are reported of most vio-

jent inflammations following its use in that disease (though Belladonna does not seem to be at all homœopathic to glaucoma.)

If an attack of Iritis can be promptly recognized and met at the very beginning, before the exudative stage is reached (that is within 24 hours), as it sometimes may be, there is no need of Atropine, but if exudation has taken place, and the inflammation is violent, use immediately a strong solution of Atropine, a drop every four to six hours, it will not fatally interfere with the action of remedies, though I believe that remedies do not act as well with as without it; still it is the safest plan, for if adhesions take place, an iridectomy is sure to be required. For sub-acute cases, use a much weaker solution, one-quarter to one-sixth of a grain to the ounce; in any case use enough to accomplish the desired results, dilating the pupil; in severe cases, in which the congestion of the capillaries is enormous, and the iris *cannot* dilate, it being so full of blood, use aconite in frequent doses to reduce the hyperæmia, even temporarily; in rare cases of this kind, cupping of the temples would be justifiable as a temporary expedient, to enable us to obtain a dilated pupil, this being accomplished, remedial measures may be resumed and continued.

AURUM METALLICUM.

Symptoms: Pressure in the eyes;* *a kind of burning in the eyes; the eyes feel heated. Tension in the eye renders vision difficult, worse on raising the eye, better on closing it.*

Severe spasmodic pressure in the posterior portion of the left orbit; fine tearing in the right orbit.

Stitches in the left lid and the internal canthus; biting pain in left upper lid; swelling of lower lids; smooth, painless pimples on the edge of the right lower lid; internal canthus looks blue; burning and itching of the right canthus.

Dull stitches in the left ball; sense of pressing out in the left ball at the upper internal canthus; *pressive pain in the right ball from above downward, also from without inward, worse on touch.*

Clinical.—The eye symptoms of this drug, though not numerous have, in some cases, of themselves, served to indicate its use in severe diseases, not ordinarily supposed to be within the reach of remedies, especially taken in connection with the general character of the drug, very nice results have been obtained.

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* *Vision indistinct as if a black veil were drawn before the eye; vision vanishes suddenly; sparks before vision; Hemiopia, the upper half of the field seems covered by a black body, the lower half visible: Double vision, objects seem mixed, with severe tension in the eyes.*

For corneal ulcerations and pannus like thickening of the outer layer, no remedy is of so much value, especially in the cases of *scrofulous ophthalma* with ulcerations and vascularity of the cornea, with great irritability of the patient; great sensitiveness to noise; *Photophobia, profuse scalding lachrymation, eyes very sensitive to touch, swollen cervical glands*, pains from without inward, worse on touch (reverse of *Asaf.*)

In interstitial keratitis and kerato iritis (even in sluggish atonic cases), with an infiltrated cornea and fine interstitial vascularity *Aurum* has proved itself of the greatest value.

In several cases it has hastened the absorption of deposits in the cornea and cleared up opacities remaining after ulcerations or infiltration.

Some years ago a gentleman, who had taken large quantities of Iodide of Potash, complained that the vision of the left eye had been failing for a year and a half, he could not see the upper half of a room or any large object, though the lower half was clear; no pains in the eye, objects seem smaller and more distant, has some black spots before vision, is always worse as the day progresses, and better in the morning; twitchings in the upper lid.

On inquiry, I found that he had syphilis ten years ago, but had not been recently troubled with any secondary symptoms, except that a large bursa-like swelling on the wrist had persisted a long time.

Vision was 5-200ths. . . Upon Ophthalmoscopic examination there was found chorio-retinitis (chronic) with an accumulation of fluid beneath the retina, which settled to the lower portion of the eye, and caused a large detachment of the retina. Vitreous hazy from infiltration. Right eye normal; refraction normal. Knowledge of the pathological condition here gave me no clue to the remedy, and I was obliged, this time at least, to (as one ought to be always ready to do) fall back upon my symptomatology. The remarkable symptom of not seeing anything in the upper half of the field of vision, is, of course, the most prominent; in addition to the Aurum symptom we may find under *Digitalis*. "As if the upper half of the field of vision were covered by a dark cloud evenings on walking." *Digitalis*, moreover, covers the pathological point, having been found curative in fluid exudations of various kinds; it is also worse in the evening, while *Aurum* is usually worse in the morning; still taking the history of the case into account and the previous dosing with Iodide of Potash, I gave *Aurum* 200, under which he steadily improved, the haziness of the vitreous almost en-

tirely disappeared, the inflammation of the retina subsided, and in one year vision had risen to and remained at 15-100, beyond which it will not go, for the retina was partly disorganized, and cannot be repaired with retinal tissue.

Since then I have treated several cases of the same disease with *Aurum*, with almost unvarying success, though in two cases no improvement followed, and the remedy only served to arrest further progress of the malady. Many of these cases will be found to follow over dosing by potash or mercury, and perfect vision can never be expected from the nature of the tissue changes.

One singular case of a man, forty years old, was sent to me for advice. I found a large black, sub-choroidal tumor behind the lens in the fundus, growing from the inner side; he suffered no pain, but the symptoms of vision were those of *Aurum* (the whole disease had only lasted about six weeks), vision 5-200. After taking *Aurum* 200, a week, vision rose to 5-80; and in eight weeks more to 5-60; since which time I have not seen him. It was probably an exudation tumor, and may have been absorbed.

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PURPURA RHEUMATICA.

A Gentleman, 35 years old, just off of a steamer from Europe, whose health had been very good, sent for me on Aug. 4th.

After getting wet on the 2nd of August in a shower, had a chill in the afternoon, followed by fever, and perspiration. On 3rd August in the forenoon, another slighter chill, fever more prolonged, but no perspiration! With and after each chill, headache, backache, and pain in right lower extremity.

On the 4th the backache had gone, head still ached.

The right limb was painful on motion in the larger joints, and tender to pressure. The knee joint was sensitive to pressure over and anterior to the internal condyle, the ankle both anteriorly, posteriorly to the malleoli, and the hip to pressure in the groin. There was also suffering caused by manipulation between the joints.

When asked if the limb was swollen or red anywhere he said no!

Upon exposing the limb I found nothing abnormal to the eye about the joints; but a patch of purpuric spots—vibices—was found about double the size of the palm of the hand at the junction of the middle and lower third of the leg, extending three-fourths

around on the anterior, internal and posterior surfaces; surrounded by considerable swelling of a non-œdematous character.

Running from this locality, upwards to the saphenous opening was a line of inflamed lymphatic vessels.

Below the aperture of the fascia lata, about three inches distant, another patch of four or five dull purplish spots, evidently more deeply seated than the first, were found on the leg. This patch was not particularly suggestive of purpura in its appearance, the pressure had no effect at all in changing the tint of either set of spots.

The patient, who left for his home in the West on August 5th, was not aware that he had any "curiosities" on the surface of his body, and was as much surprised at, as I was interested in the discovery.

Tilbury Fox, my only authority accessible, rejects purpura rheu. as a distinct disease, saying such cases are Erythema papulatum complicated with hæmorrhage. He says farther, that the disease occurs mainly in young people. My patient was of "middle age." The age and the associations with lymphangitis, are the noticeable points in the case.

In the *American Journal of Obstetrics* for August 1874, Dr. Munde reports a case of P. rheumatica, in a boy; no affection of lymphatics referred to. My case is a novel one in my experience.

W. O. McDONALD, M. D.

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MEDICAL CLINIC, N. Y. HOM. MED. COLLEGE.

By PROF. S. LILIENTHAL, M. D.

James McDermott, house-painter, 35 years old, tells us, he has a kidney complaint. Has constant thirst, so that he drinks about two gallons a day. Has lost a great deal of flesh, and this is going on for the last eight or nine months. He could drink all the time, as he urinates about the same amount of water that he drinks; would not mind it so much in day-time, although inconvenient enough; but it compels him to get up half a dozen times and more during the night, and thus robs him of his sleep. Urine very clear and watery. Appetite excessive, is hungry as soon as he gets up in the morning, and even after a hearty meal. Can eat anything and without distress; bowels open—sometimes three passages a day. He weighed 225 pounds before he was taken sick, weighs now about 170.

Nearly a year ago he was thrown from a wagon and fell upon the side of his face and head. His jaw was broken and he was much bruised; paralysis of the injured side of the head remained some time. Was perfectly healthy before the fall, to the best of his recollection.

The symptoms, as described by our patient, are so pointed, that it would be impossible to make a wrong diagnosis, even without the necessary examination of the urine, which would show us, whether our patient suffers from diabetes mellitus or insipidus; certainly, his clear watery urine rather points to the latter; but we will request some of the seniors to examine his urine by the usual tests. Evidently, the fall he received is the cause of all his trouble.

Gentlemen! What are the usual symptoms of diabetes? Our text-books reply: An insidious beginning with malaise and slight loss of flesh, excessive urination with corresponding thirst and very often with excessive appetite; progressive emaciation; a harsh and dry skin; clammy mouth with a glazed and furrowed tongue. We also witness in many cases, a gradual decline of the sexual and mental powers. Finally, if the disease is not checked, hectic fever sets in with œdema, and the patient succumbs, sometimes with all the symptoms of pulmonary consumption. What are the causes of diabetes? Pathological researches clearly teach us, that the affections of the kidneys as well as of the liver are only secondary, and that *disturbed innervation* is the principal cause of the disease. You all know the experiments made by *Claude Bernard*, that by an irritation or lesion of a circumscribed point in the medulla oblongata at the floor of the fourth ventricle, melituræa arises and *Schiff* has shown, that this point is the *centre of the vaso-motory nerves*, which by such a lesion becomes paralysed. But further reseaches by French and German physiologists prove, that every lesion of those tracks, where vaso-motory nerves run their course, may produce diabetes from the medulla oblongata down to the lumbar vertebræ. Thus also the vaso-motory nerves, running their course to and into the liver, may be affected, and in consequence of the paralysis of these nerves, a dilataion of the hepatic blood-vessels, with increased flow of blood to the liver takes place, and hence an increased production of sugar.

Looking at the cause of the disease, a fall on the head followed by paralytic symptoms and progressive diabetes, we feel nearly tempted to begin the treatment with *Hypericum perfoliatum*, the arnica of the nervous system—especially as we find among its symptoms a great languor, with feeling of weakness, an uneasy sleep,

lowness of spirits and weakness of memory, dry mouth, foul yellow coating of the tongue, violent thirst, nightly urging to urinate, chilly feeling through the whole body, desire to urinate, violent biting on both hands, rash-like red eruption, thirst and paroxysms of oppression of the chest. Symptoms enough to allow it to be called a simile, and should it fail, we can fall back on other well-known diabetic remedies, as Ars., Nux-v., Phosp-ac., Kreosot., Helonias, etc. It is a curious fact, that *Lycopus virg.*, which has cured several cases of Morbus Basedowii, has also been found useful in diabetes, it must therefore possess some special influence over the sympatheticus. *Arsenicum* is a great favorite with me in diabetes, whenever it covers most of the symptoms, even when the patient is continually drinking even larger quantities than the symptom "drinking often but very little at a time," would justify. We explain this by an over-sensitiveness of the stomach, and whenever this is absent, the patient will bear large draughts of water.

James Foley, 19 years old, had a chancre a year ago, which was cured by external applications. He thinks that syphilis is still lurking in his system, and fearing evil consequences, wants it eradicated. Complains of a weakness, "a dead feeling," as he calls it. This debility commenced about two months ago with pains in the bones through the whole body, which keep him from his work. Hard work he feels impossible to perform, but light jobs can be done without difficulty. No pains at night; feels these pains more when at work; sleeps well, appetite good; bowels regular; occasional headache, but not often nor severe; tongue coated somewhat yellow through the middle. Has also conjunctivitis and blepharitis chronica; says his eyes have troubled him in that way from childhood; glands somewhat swelled around the neck.

This mental anguish, from which this young man as well as many others suffer, who have sinned *in venere*, seems to be a just punishment, and in your practice during life you will be many times pestered by just such patients; for this fear is well grounded, and there are many high authorities who doubt whether constitutional syphilis can ever be eradicated—yea, more, syphilis is that obstinate contamination of the blood, of which the Bible already records that the sins of the parents will be punished in the third and fourth generation. But what hope can we give to our patient? He comes to us for relief, and from all the symptoms so far elicited, we can promise him a cure, as we do not believe that there is any secondary or tertiary syphilis lurking in him. Let us see what are the symp-

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toms given by as high authority as *Bumstead:* Syphilitic eruptions on the skin, and mucous membranes, iritis, and engorgement of the glands in various parts of the body, especially the neck. Our patient complains of neither of them, except the last one. Tertiary symptoms are: Certain changes which take place in the subcutaneous or submucous cellular tissue, in the testicles, in the fibrous and osseous tissues, and in the deeper organs. We only find that our patient complains of pains in the bones, which prevent him from doing heavy work. But syphilitic affections mostly attack the superficial bones, as the tibia, alæ, clavicle, cranium, etc., and these nodes are sensitive to the touch and very *painful at night*, and hardly any pain is felt during the day, neither do we find any exostoses. According to the old school, our friend here would have to pass through a course of Iodide of Potash and Sarsaparilla, finishing up with some bitter tonics; but we of the new faith must strictly individualize every case, and have its pathology fully made out, though we decidedly object to fix our treatment according to a mere pathological name, and therefore consider the scrofula (psora, or whatever you may call these impurities of the blood) lurking in and stamping its kind on the whole constitution; also, that he fatigues very easily, that he perspires very easily, and that he complains of cold and damp feet; we therefore will begin our treatment with *Calc-carb.*[30], six powders: a powder every night.

Returned after one week much improved; the dead and tired feeling almost gone; feels also mentally better.

Two weeks later reports himself well.

G. Holden, 36 years old. Six months ago had a bald spot come on his head just back of the frontal bone. After this, the hair fell out in another spot, and now he has a number of bald spots on his head, and he fears will lose all his hair. The whole scalp is full of dandruff, and examination reveals seven or eight bald spots, and where they are the skin seems depressed. The spots are about the size of a silver quarter of a dollar. Very little itching of head. Has had dandruff ever since he was 14 years old. Red blotches come out on his forehead.

Alopecia circumscripta, or better, *orbicularis*, is the name usually ascribed to this kind of baldness: sharply-defined spots, circular, varying from the size of a lentil to that of a quarter. It is not a parasitic disease, and differs from alopecia areata by the depression and atrophy of the skin. Sensibility is also diminished in the parts affected.

We follow *Kafka* in the treatment of this baldness, and prescribe simply a wash of salt-water. Take a small pinch of salt to half a pint of water, and let the patient wash his head with it before retiring, and allow it to remain there all night. It acts not as a mild stimulant only, but by its homœopathicity to such cases. In the morning we would wash the the scalp with some mild almond-soap. Internally we put him on the same remedy, *Natrum-mur.*[200], 1 dose daily.

After two weeks comes back with general health greatly improved. Evidently the bald spots have ceased to spread and the depression seems less. *Natr. mur.* [1m], and time allowed to act.

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SURGERY.

HYDROPHOBIA.

THE number of persons who have been bitten by mad dogs in New York, appears to increase daily. Hydrophobia has been thoroughly discussed by leading physicians; its symptoms have been carefully investigated; post mortem examinations have been made; the brain and nervous system have undergone minute scrutiny; the disease has even by some been pronounced a myth; and in fact, the public mind has been kept in a constant state of ferment, by flaming headings in the daily prints; by statistical tables showing the number of unfortunate canine victims that have fallen "for their country's good," and the best method of causing their demise has been arrived at, with no inconsiderable expense to the city. But having looked over all these minutiæ; having read of the varied means recommended to relieve this terrible malady;—the question arises: has THE remedy been discovered for the disease? Has a correct appreciation of the etiology and pathology of the disorder, given a hint toward its proper treatment? To those who believe in the homœopathic law, our materia medica offers a class of medicines which, as far as we have read, have not been applied at all. No one can read over the symptoms of *Bella.*, *Stram.*, *Hyos.*, *Lach.*, *Crotalus*, and perhaps of *Hydrophobin*, (which latter was proven by the late John Redman Coxe, Jr., and the pathogenesis published in the *Philadelphia Journal of Homœopathy*,) without observing the similarity of many of the symptoms produced by these medicines on the healthy, to those of certain symptoms of Hydrophobia. The clinical reports of Mr. Leadam, published in

the *British Journal of Homœopathy*, and the case published by Dr. Comstock of St. Louis, are certainly those of *rabies*, and it therefore behooves us in view of these facts, while we study faithfully all the phenomena of the horrible malady, to remember that we are homœopathists and that the curative virtues of our medicines, if faithfully tried, will prove *in those cases in which the symptoms* correspond, curative of the disease. Another item which strikes us as important is this. It is quite customary so soon as a person is bitten by a dog supposed to be mad, that the animal is destroyed. This in our opinion is wrong. An enraged dog is not always *mad*, and as the symptoms of *rabies* in the animal have been studied and recorded, and present two distinct classes,—the dog should be "*kept up*" in a secure place and the symptoms noted, in order to ascertain the true nature of the case. If this were done more certainty could be arrived at in the diagnosis.

Of what value the calabar bean, chloral hydrate, curare, and the different hypodermic injections may be in this disease, we cannot say, but we believe that they may prove serviceable when their pathogeneses are thoroughly understood. H.

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SURGICAL CLINIC AT THE NEW YORK HOM. MED. COLLEGE.

By Wm. Tod Helmuth, M. D.

Reported by Robert M. Stone.

(Continued from page 511, vol. 1.)

Case No. 145.—*Condylomata and Enlarged Clitoris.*

Martha Pinckney. æt. 33.

This was a peculiarly aggravated case of condylomata and enlarged clitoris and labia, which were so large as to completely cover the vaginal and anal openings and the perineum; they were from the size of a bean to that of an egg, and, if removed, would have filled a two quart measure. The patient was born in Virginia, was married to a man from whom she had contracted syphilis, to whom she bore three children; she was finally compelled to leave him on account of his vices. Strange to say, however, this woman was earning her living at service, being obliged to stand upon her feet

most of the time; she suffered terrible pain during urination, with severe aching in her bones, chiefly at night. She was also much exhausted from the bleeding of the tumors. The condylomata and the clitoris were pedunculated and covered with unhealthy mucus, and, owing to the irritation consequent upon walking, were constantly bleeding.

She was ordered (until she could be received into the hospital) to have frequent sitz baths, farinaceous food, no meat, compresses saturated with one part of tincture of thuja to eight parts of water externally, and thuja 3d internally gtt. iii. three times a day.

Dec. 13th. Attention was called to the use of the following agents for the removal of fibroid tumors, hemorrhoids, condylomata, and other soft parts, viz.: the *écraseur*, invented by a Chassaignac, *nitric acid, mercurius corrosivus* (℥ j. to ℥ j. collodion) and the *galvano-caustic* wire, after which, the patient being etherized, the enlarged clitoris was removed by the écraseur with no subsequent hemorrhage; two small condylomata beneath the clitoris were then ligated with a double thread and cut off by the scissors.

These two ligatures, and the one through the pedicle of the clitoris were left in, to guard against secondary hemorrhage. The patient was then placed in the hospital and the previous treatment continued.

Dec. 20th. The patient was reported to be doing well.

Jan. 16th. The patient, being etherized, was placed in Sims' position, and three anal condylomata were ligated with a double thread and cut off with the scissors.

Two large condylomata were ligated and left to slough away; they were all found to be very tough and vascular; it was then ordered that the wounds be dressed at once with cold water, then for two days with styptic cotton, which is cotton dipped into a solution of tannin, persulphate of iron, benzoic acid and alum. Only three condylomata now remained.

Jan 17th. Prof. Helmuth reported that the patient was doing very well, and that he had searched the records and found but few similar cases, and these were not as severe as this.

CASE NO. 46.—*Scrofulous Enlargement of Parotid Gland.*

Mary J. M. æt 8.

This child was light haired, pale faced, nervous, puffy under the eyes, had dilated pupils and presented a general scrofulous appearance, though the parents and the other children were said to be in fair health.

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Eight weeks ago a hard swelling appeared under the right inferior maxillary, causing the child to cry a great deal, chiefly at night, which finally discharged pus externally, since which time, she has lost flesh. She has had no other glandular swellings, neither has she been salivated. There was no disease of the bone, but simply a scrofulous enlargement of the parotid gland. Air, exercise and calc-carb, 30th, a powder three times a day were ordered.

Dec 13*th*.—CASE No. 46.—*Sprain.—Anthony W.* æt. 15.

This lad suffered from a sprain of his left ankle with severe, deep pain, occurring without any known cause, unless due to a slight misstep eight weeks ago: he had suffered eight weeks ago with rheumatism.

A sprain was described as an accidental rupture or wrenching of the parts about a joint, often with dislocation suddenly taking place which the muscles at once reduce. The patient had probably from subacute arthritis, weakened the joint, thus predisposing to the accident.

There was neither a fracture, nor a rupture of the internal lateral ligaments. Having been preceded by disease of the joint, it was ordered that he rest as much as possible, using a crutch when it was necessary for him to walk; he should not touch his foot to the ground for six weeks and must not be exposed to dampness or be out at night. A cold compress was applied at night, covered by flannel and oiled silk, and rhus tox. 3rd. gtts x. in a half a glass of water, a table-spoonful every three hours, was ordered.

He was told that if not properly taken care of, effusion in the joint might result and finally fibrous anchylosis.

CASE No. 47.—*Obstruction of Nasal Passages. Ernest D.* æt. 7 mos.

This babe presents a peculiar case: its mother states that the child snores "terribly" and has great difficulty in breathing during sleep and nursing; when sucking the respirations can be heard all over the room. Attention was called to the fact that any obstruction in the posterior portion of the mouth, as swelling of the tonsils or a polypus, or an enlargement of the turbinated bones, might cause obstruction to breathing. The tonsils or velum palati did not seem enlarged and an attempt was made to pass a small bougie into the nostrils, which failed; a small probe was, however, with effort passed to the posterior nares of either side and it was found that the turbinated bones were enlarged and the schneiderian membrane thickened, thus closing the passages. The mother was instructed

to use a syringe with a fine nozzle to throw warm water through the nares and have the probing repeated every week or two. Gradually increasing the size of the instrument, and Heckla-lava was ordered to be administered at night.

CASE NO. 48.—*Section of the Nerve and Tendon of the Thumb.*

Mary B. æt. 19.

Three years ago, a playmate pushed a barbed crochet-needle from over the extensor tendon of the right thumb through to the inner and fleshy side of the thumb. Her physician broke off the protruding barb and drew the needle back through the point of entrance. Since then she has suffered with pain in the thumb during bad weather, and with frequently recurring numbness. It was pronounced that the nerve and tendon of the thumb had been divided and a simple electrical apparatus was ordered to be used once or twice a day as follows: apply a ring of zinc around the thumb and one of copper around the wrist, connect these with a copper wire and put a little vinegar under the copper ring. This is also an excellent appliance in bed sores and obstinate ulcers.

Dec. 20th.—CASE NO. 49.—*Varicocele.—C. M.* æt. 22.

An operation for varicocele being about to take place, the following very opportune explanation of varicocele and its operations was given.

The tunica vaginalis is a peritoneal investment of the spermatic cord and testicle: the spermatic cord is made up of the spermatic artery and veins, and vas deferens, the latter carrying the semen to the *vesiculæ seminales:* the pampiniform plexus is the collection of veins which pass through the spermatic cord.

Varicocele usually occurs on the left side, because the right spermatic vein enters the vena cava ascendens at an acute angle, while the left spermatic vein enters the efferent vein of the kidney at a right angle, and also the valves of the right vein do not open as readily as those of the left.

The *symptoms* of varicocele are, a feeling of weight in the testes, pain in the small of the back and a depressed mental condition: the patients usually are strong, robust young men, of good habits, accustomed to hard work and long continued standing.

The *treatment* is palliative and radical. The first is by means of a suspensory bandage. The second aims to obliterate the enlarged veins by either of the following methods, viz.:

1st. Pass a needle armed with a cord behind the vein, making the

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point of exit of the needle near the point of entrance; then twist the ends of the cord and you thus compress the veins: thirteen of fourteen cases treated in this way were cured: the fourteenth died of phlebitis.

2d. Remove a crescentic piece of the scrotum, then sew up the wound and thus cause compression.

3d. Make an incision through the scrotum and ligate the veins.

4th. Inject perchloride of iron.

5th. Put a truss and pad over the external abdominal ring through which the veins pass up and by this means irritate the veins and effect a cure.

That method is the best which excludes the air from the veins: it must also be borne in mind that ligating the spermatic artery will result in atrophy of the testis, and this accident has occurred to distinguished surgeons, one of whom was murdered for having made a mistake and included the spermatic arteries in his ligature. It is better then, remembering that the vast deferens feels likc a ligamentous cord; that the artery can be known by its gentle pulsation and the veins by their feeling like a bundle of earth worms.

6th. To get the vas deferens between the thumb of the left hand and the os pubis; the artery between the first and second fingers, thus leaving the veins clear for ligation as follows: pass a curved needle armed with a double thread with the loop near the eye of the needle, in front of the thumb, through the integument behind the veins; cause it to reappear in front of the first finger and remove the needle; then enter the unthreaded needle at the same point of entrance as before, carry it just beneath the scrotal wall and cause it to emerge at the same point of exit as before; then slip the loop over the point of the needle and tie the loose ends of the cord over the other end of the needle: if you have been successful, the veins alone are included between the cord behind and the needle in front and you can compress lightly for four days and then more tightly for about ten days longer: if you have unfortunately included with the veins the artery or the vas deferens, and discover it within these four days, no harm is done for the removal of the needle restores everything to its original position. As minor points, have your patients wear no suspensory bandage for a few hours previous to the operation, and also take exercise before the operation to fill the veins: also have corks placed on the ends of the n eedles to prevent injury to the scrotum. After these remarks the

patient was etherized and the last described operation was successfully performed.

CASE No. 50.—*Epithelioma of the tongue. Geo. H.* æt. 43.

This man presented a very interesting case; his tongue became sore on the right side a year ago and a white vesicle was noticed which he tried to pick off with a knife: he then took a caustic and burned it off two or three times, making it worse: a physician gave him tannin to apply which much aggravated the disease, though he was assured it would cure him promptly: since then he had used iodide of potash internally. Five weeks ago ulceration began with stinging pains through the tongue chiefly at night and in swallowing. Since this time, he had used arsenicum which relieved these pains in ten minutes after it was taken. The ulcerated surface is now about an inch and a quarter long, one half inch deep and has bled once only. It was found that he had always been in health, excepting while suffering from a chancre, nineteen years ago. He had chewed and smoked tobacco, using pipes with amber mouth-pieces and also the common clay pipe, the latter causing often a stinging pain; he has ceased however the use of both coffee and tobacco.

The disease was diagnosed as an epithelioma and, since arsenicum 30 seemed so well adapted, he was ordered to continue it, a powder three times a day, unless it became worse, requiring removal by the écraseur or galvano caustic wire. Bread and milk, mush, rice, hominy and mutton broth were ordered, and to wash the ulcer with warm water.

April 24.—This patient returned to the hospital to have the entire tongue removed, but before the appointed time left without assigning any reason.

CASE No. 51. *Oblique Inguinal hernia. Randolph R.* æt 11.

This child had a swelling which appeared suddenly in his scrotum five months ago, and no effort had been made by his parents to have it attended to, though it had sometimes become "almost black." It gave cough impulse hence was not encysted hydrocele of the cord: it was not infantile, because the testicle was at the bottom and was pronounced a congenital oblique inguinal hernia still reducible. The gut was returned without difficulty and it was ordered that the child wear a truss and have nux vom^{mth}., a powder every night, to strengthen the muscles of the abdominal wall.

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CASE No. 52.—*Partial Paralysis. J. Burns.* æt 4.

This man reports that he began to suffer with stinging pains in his hips during walking three years ago; in the course of a year his right leg became a little lame, and now is smaller and shorter than the other; his leg "goes to sleep" and becomes cold very easily; he is unable to raise the foot, and suffers with severe pains shooting down the anterior surface of the leg. His symptoms are all worse in damp weather, and his appetite very poor. His physician had called it sciatica, cupped him, and gave him medicine with no benefit; he has also used *rhus-tox.* for ten days without effect. He had never had a blow upon his back or a strain, nor suffered with pain in the knee.

It was pronounced a threatened paralysis, and electricity to be the best treatment, but, since we were unable to furnish him with this for the present, he was given colocynth to be taken every fifteen minutes during his severe pains, and ordered to moisten a flannel rag in alcohol, having a tablespoonful of salt to the pint, and to rub his leg with this night and morning, also to take plenty of outdoor exercise.

The internal medicines were rhus tox. at first and afterward strychnine.

Case No. 53.—*Colles' Fracture. David G.* æt. 17.

This young man had fallen through a hatchway, ten weeks ago, and sustained a Colles' fracture, viz., a fracture of the lower extremity of the radius, with dislocation of the ulna, which had been treated with a pistol splint, and he probably came to see if it had been properly treated. He was told that it was not necessary to break the bone over again, and that time, friction and exercise would help him regain the normal motion of the joint.

Jan. 10th, 1874.—CASE No. 54—*Hydrocele—J. L. S.* æt. 38.

The following diagnosis of hydrocele and description of the methods of cure were made before the operation. Hydrocele of the tunica vaginalis is a collection of serous fluid between the tunica vaginalis testis and the tunica communis.

This man's trouble began seven years ago and is a

Hydrocele	while *Hernia*
because the swelling began at the bottom; it gives no cough impulse, he has severe pains in the back and groin, is very depressed mentally; the tumor is translucent and irreducible;	comes from above; has cough impulse; can usually be reduced by taxis and is opaque.

Varicocele, on the other hand, has the peculiar earth-worm feeling of the veins.

Some cases of hydrocele can be cured in youth by medicine and encysted hydrocele of the cord in infants will often spontaneously disappear. The methods of cure mentioned were by, 1st. *Seton:* Insert a trocar and draw off the fluid; then push the trocar upward through the scrotum, withdraw the trocar, leaving in the canula. through which pass a cord; then having withdrawn the canula, tie the loose ends of the cord. 2d. *Injection.* Iodine can be injected into the tunica vaginalis, causing sufficient inflammation to cure; or still better is the injection:

℞ Iodide of Potash, ʒ ij.
Water, ℥ ss.
Tincture of Iodine, ʒ iv.
M.

3*d*. *Incision.* An incision can be made through the scrotum, and the fluid drawn off, this sometimes is sufficient.

4*th*. *Electrolysis.* 5*th*. *The Aspirator.* This instrument consist of a graduated glass jar having two rubber tubes of three feet each. At the extremity of each of these tubes is attached a brass piece furnishing a thread on the end and a stopcock; each aspirator is furnished with a set of capillary needles that screw on to one of the brass pieces mentioned, and has also a small brass air-pump which is attached to the other brass piece.

Operation. Attaching a needle to one rubber tube, the air-pump to the other, close the stop-cock next to the needle and open the one next to the air-pump; work the piston of the pump, which exhausts the air from the jar and tubes, then, having inserted the needle in any fluid tumor (in this case the scrotum), the contents of the tumor is forced into the previously formed vacuum of the jar: the puncture of the needle being capillary, no air can enter the exhausted cavity, and the operation can be repeated without injury. In this case the last-mentioned injection was used (after the evacuation of the sixteen ounces of yellow and thick fluid of the hydrocele) by an improvement of Prof. Helmuth's on the aspirator. To the needle used had been added a stop-cock at its posterior extremity; then, after the withdrawal of the fluid from the scrotum, this stop-cock was closed and the aspirator tube unscrewed from the needle and taken away: a brass syringe charged with the injection was then screwed to the needle, the stop-cock on the needle opened, the injection forced in and allowed to remain two minutes; the injection was then drawn back into the

syringe, and the needle was withdrawn from the scrotum, and thus the whole operation, consisting of the *removal* of the contents of the tumor, the *injection* into the cavity, and the *removal* of the injection, was accomplished by one capillary puncture.

CASE NO. 56.—*Vesical Calculus. Jno. D.* æt. 4.

This boy had been troubled with a vesical calculus, which had become lodged in the prostatic portion of the urethra, causing great difficulty in urination, and at times suppression; there was danger of rupture of the urethra and extravasation of urine; his prepuce was elongated, symptomatic of calculus, and he had also the frequent inclination to urinate, which belongs to the disease.

As to the operation: If possible the stone was to be removed through the urethra by a fine pair of urethra forceps. The patient was etherized and the extraction attempted, but it was unsuccessful; recourse was then had to the removal through the perineum, which was successfully done by the lateral operation, and a stone the size of a bean removed; the incision was made high up in the perineum on account of the position of the calculus; some little difficulty was experienced in securing a small deep artery, cut during the operation.

After the operation the boy was removed from the hospital.

Jan. 17th. Prof. Helmuth reported that on the 12th inst. the boy had been removed without his knowledge to his home in New Jersey, and that, as soon as he discovered it, he had written to a physician there to see him daily and report. He had done so, and all went well till the 16th inst., when it was found there was infiltration of urine into the tissues of the scrotum, which were purplish in color.

The professor had him returned to the hospital, and finds that he passes about one half his urine this morning through the urethra. It was ordered that the scrotum be strapped up by adhesive plaster attached to the abdomen, and he be carefully watched. The Professor stated that it was possible for one to recover after losing one-half the scrotum from this cause. No catheter was to be used in this case.

Jan. 24th. After the scrotum had been strapped up a very small amount of urine escaped through the perineal wound for three days, since which none had escaped, and the purplish spot was nearly gone.

Attention was called to the fact that there is more danger of infiltration of urine when the triangular ligament is divided, as in this operation, than in other operations for urethral calculus.

Jan. 31st. At this time all the urine was passed through the urethra, the purplish appearance of the scrotum was all gone, and the boy pronounced cured.

The New York Journal of Homœopathy.

NEW YORK, AUGUST 1, 1874.

SAMUEL A. JONES, M. D., General Editor.

T. F. ALLEN, M. D., Materia Medica.
WM. TOD HELMUTH, M. D., Surgery.
SAM'L LILIENTHAL, M. D., Clinical Medicine.

☞ The Editors do not hold themselves responsible for opinions and statements made over the signatures of contributors.

☞ College Announcements, Hospital Reports, the Reports of Societies, Foreign and Domestic Medical News, are respectfully solicited, as are newspapers or periodicals containing such reports.

☞ To insure publication, Communications should be *brief*, *practical*, and carefully written on one side of the page.

☞ All Manuscript for publication, periodicals, books for notice or review, and exchanges, should be directed to S. A. JONES, M. D., No. 230 West 25th Street, N. Y.

☞ All Communications regarding the business of the Journal—all subscriptions, directions for proper mailage—must be sent to

Charles H. Neilson,
128 BROADWAY, N. Y.

CHANGES AT BELLEVUE HOSPITAL.

The Committee of Charities and Correction have instituted a radical change in the Medical and Surgical management at Bellevue Hospital. It is a well known fact, that the appointments in this Institution, have heretofore been made in a great measure either through political influence or college favor; and *not* according to the merit or qualifications of the applicant. This condition of things has for a long time given rise to a great deal of dissatisfaction among the professors of other medical colleges in New York, who were thus excluded from the wards of Bellevue. In fact, it has been stated and published in prominent papers in this city, that Bellevue Hospital Medical College was built during the Tammany Rule, was placed under the government of influential

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political parties; that a nominal rent has only been paid for the extensive buildings, used for the College and that the earnings of the Institution, or at least a greater portion of them, went directly into the pockets of the professors, while the real expenses were paid by city taxation. How true this may all be we cannot say, but certainly we consider that the Commissioners have done a good service to the Profession (that is at least to the old school portion of it), by altering such a condition of things. They have appointed a new board of Surgeons; two from each of the Medical schools in the city, and two gentlemen not connected with any medical college. It is to be the duty of these eight Surgeons to nominate thirty-three other medical men, from whom the Commissioners will select eleven. Thus the Medical and Surgical board will be constituted of nineteen professional gentlemen taking rotation of service in the hospital. Of course this radical change has given a great deal of dissatisfaction to some, and more satisfaction to others —but it really seems to us, who look on in a dispassionate manner, that the arrangement is, after all, the best that could be made. It is to be sure, rather hard upon those who have for many years given gratuitous service to the hospital in medicine and surgery; but as all these years have rolled away, have not others, equally as competent as the incumbents, been banished from a service which they were willing and ready to give any moment? H.

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THE FIRST EXAMINATION OF THE STATE BOARD.

Through the courtesy of a member of the Board we are enabled to lay before our readers the questions submitted to the candidates at the first examination.

Anatomy 1. Describe the hip joint. 2. Describe the muscular apparatus of the eye. 3. Describe the valves of the heart. 4. Describe the minute anatomy of the lungs. 5. What changes occur in the structure of the *os femoris* from infancy to old age?

Histology. 1. Define a cell. 2. What is budding, or germation? 3. What is germinal matter? 4. What movements may be observed in cells? 5. What are the effects of temperature on cells?

Physiology. 1. How would you distinguish a secretion from an excretions physiologically? 2. Define function and illustrate it. 3. State some of the conditions which modify the amount of urine formed daily. 4. Is urea formed as such, in the blood, or is it a functional product of the kidney? 5. What is the food-source of urea, and to what kinds of work can urea be ascribed?

Chemistry.—1. Which element is most abundant—state its proprieties and varying forms. 2. Is the air a chemical compound or a mixture—give proofs. 3. What are nitrates and nitrites? 4. What are the prominent tests for arsenic? 5. What are the chemical changes in respiration?

Pathology.—1. What is the distinction between physiology and pathology? 2. Define the terms epidemic, endemic, sporadic and zymotic. 3. Define the terms diagnosis and prognosis, and illustrate by examples taken from any department of special pathology. 4. Name and describe some of the organic lesions, morbid products, and structural changes which occur in benign or curable diseases. 5. What is a contagion; how many are known, and how do you classify them?

Obstetrics.—1. Describe the changes which occur in the uterus during pregnancy; the formation of the fœtus and its appendages. 2. Describe the fœtal circulation, and state how it differs from that of extra-uterine life. 3. Suppose that during labor a sudden and entire suspension of vigorous labor-pains with syncope should occur, what would be the probable cause, and how would you treat such a case? 4. What are the symptoms of puerperal peritonitis; what is the best allopathic treatment, and what the homœopathic? 5. Give the pathology, diagnosis, and treatment of uterine hydatids.

Diagnostics.—Give the differential diagnosis between Brights disease and simple albuminures. 2. Give the differential diagnosis between typhus fever, and typhoid or enteric fever. 3. How do you distinguish chronic pneumonia from tuberculosis? 4. How do you distinguish sciatica from disease of the hip joint? 5. How do you detect albumen in the urine?

Clinical Medicine.—Name some remedies that have been given for the cure or relief of intermittent fever, and state the special indications for the use of one or more of them. 2. What are the symptoms that characterize diphtheria? 3. What are the symptoms of pneumonia, and the pathological conditions in its various stages? 4. What are the symptoms, pathological condition, and probable duration of cancer of the stomach? 5. What are the symptoms, course and duration of variola?

Eclectic Therapeutics.—1. State the theory of 'specific medication' according to the teachings of the Eclectic School. 2. What is meant by 'specific medication' as distinguished from 'specific medicines' according to the teachings of the Eclectic School? 3. What is meant by 'specific diagnosis,' as the term is used by Eclectic authors? 4. Describe the method employed by physicians

of the Eclectic School in examining a patient and determining the prescription. 5. Suppose and describe a moderately severe case of gastro-enteritis, and describe the Eclectic method of examining a patient—direct the regimen, and make a prescription for the supposed case according to the Eclectic rules.

Eclectic Materia Medica.—1. State some of the classifications of remedies adopted in the Eclectic Materia Medica, and give the names of some remedies belonging to the classes named. 2. State the general rule which is laid down in Eclectic medical works for the determination of the dose of drugs. 3. Describe the physiological properties of Veratrum virid., and the indications for its use in treating diseases according to Eclectic therapeutics. 4. What are the teachings of Eclectic authors respecting the various preparations of mercury and arsenic, and their use in the treatment of disease. 5. Describe the properties and uses of *Lobelia inflata* according to the teachings and practice of Eclectic authors.

Allopathic Therapeutics.—1. What two general departments of knowledge constitute the science of therapeutics? 2. How do we arrive at our knowledge of the curative effects of drugs? 3. What do you understand by 'crisis' in disease? 4. By what power or agency are 'crises' originated and carried on? 5. In these morbid affections of the animal body which have no tendency to crisis as, for instance, the various forms of neuralgia, what are our guides to treatment?

Allopathic Materia Medica.—1. What are the properties of potassa as a therapeutic agent when uncombined or simply dissolved? 2. Mention some of the salts of potash which are used in medicine, and what chemical and physiological qualities they posses in common. 3. Mention some of the prominent diuretics upon which most dependence is placed in the treatment of dropsies. 4. What are the physiological effects of tartar emetic upon the pulse, muscular system, and the secretions generally? 5. What are the effects produced by the local application of tartar emetic to the skin, and for what purpose is it so used?

Homœopathic Therapeutics.—1. In prescribing for a patient, how does the homœopathic physician, acting according to Hahnemann's dissections, derive his indications for the remedy to be administered? 2. Do homœopathic physicians in making up the 'totality of symptoms,' 'include the pathological histology of the case?' If so, give examples. 3. What do homœopathic physicians mean by 'individualizing cases,' and on what grounds do they deprecate prescribing on the 'nosological designation of a case?' 4. What is meant

by the 'pathology of a disease,' and how do homœopathic physicians make use of pathology in treating the sick? 5. What were Hahnemann's teachings with regard to predispositions to disease, and with regard to chronic diseases generally?

Homœopathic Materia Medica.—1. Describe in a general way the methods of preparing homœopathic medicines; state the terms used to designate the various preparations of a drug; and define the two scales according to which, chiefly, homœopathic remedies are prepared. 2. Describe the action of Phosphorus on the respiratory organs and functions of the healthy human subject, and compare it with that of antimonium tartaricum, and that of arsenicum. 3. Give the indications for camphor in a case of Asiatic cholera, as they are accepted by homœopathic physicians. 4. State the indications for Nitric acid in diseases of the kidneys and of the rectum respectively. 5. State the mental and moral symptoms produced by Stramonium in the healthy human subject.

Surgery.—1. What methods of local treatment may be used with advantage in cases of subacute or chronic cystitis? 2. Give the prognosis and treatment of dislocation of the sternal end of the clavicle 3. What are the primary, secondary, and tertiary forms of syphilis? 4. Give the differential diagnosis between compression and concussion of the brain. 5. Give the diagnosis and treatment of hip disease.

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WHOSE OX WAS GORED?

"Truth is the historian's crown, and art
Squares it to stricter comeliness."

It is an easy task, generally, and one requiring no great amount of legal learning, nor of judicial consideration, to decide the nature of the case, and the mode and measure of reparation, when an ox, belonging to one man has gored an ox belonging to another.

But when the case comes home—when it is ascertained that the ox that has done the goring is *ours*—why, then "circumstances alter cases," and we are not quite so sure about the mode and measure of reparation due.

Dr. H. B. Sands, of the Bellevue Hospital, in a communication to the *New York Medical Journal*, reporting the successful ligation of the internal carotid by himself, says: "From various sources I have collected the following instances of hemorrhage from the internal carotid. Some were treated and others were not, while all terminated fatally."

Dr. W. T. Briggs, of Nashville, proprietor and associate editor of the *Nashville Journal of Medicine and Surgery*, nearly a year and a half before the appearance of Dr. Sand's article, published in his Journal an account of the successful ligation of the internal carotid by himself, in the presence of his class.

And yet Dr. Sands makes not one word of mention of the case reported by Dr. Briggs.

In the Nashville Journal, for February, Dr. Briggs' associate editor,—the *magna mens in magno corpore*,—who writes in defence of his younger brother, partly because he can do it better, and partly in order to say of his hero what his hero could not modestly say of himself, calls Dr. Sands to account for the entire omission of Dr. Briggs' case.

Dr. Bowling, in his usual clear and forcible way, says: "We do not wish to be understood as reflecting injuriously upon the publication of any one, but desire only to assert, that it is the bounden duty of medical authors, as well as of authors in general, before going forward with any inquiry, to be assured of the thoroughness of their research in the past, before they add a new chapter; and the importance, as well as the reasonableness of this rule, addresses itself the more forcibly to our understanding in a surgical inquiry, where a seemingly slight omission of a fact may rob a surgeon of a large part of his wealth, the whole of which oftentimes consisting alone in his truthfully recorded achievements."

And the venerable associate editor, in later numbers of his Journal, referring to the inexcusable omission, says "our motto being *deal fair*," etc., and again — "themselves doers on the great theatre of life, hailing progress in their art, as the great always hail it, no matter who does it—he being a doer."

Now, the ground taken and principles set forth in the language quoted, must always and everywhere be acknowledged as sound.

Dr. Sands' ox did the goring and Dr. Briggs' ox was gored; the case is plain, and the award must be humiliating to Dr. Sands, and very detrimental to his standing as an impartial and unselfish medical historian.

The medical public will hereafter know how much confidence to repose in reports which he may make.

But let us look at another case, in which the ox that did the goring belonged to *Dr. Briggs*, and see how nicely the language of his Journal written for Dr. Sands, may apply to himself.

In the *New England Medical Gazette* for July 1872, was a detailed account of the extirpation of a large fibro-cystic

ovarian tumor, with serious peritoneal adhesions, the patient being Mrs. Nokes of Edgefield, across the river from Nashville, Tenn., the Surgeon, Prof. S. R. Beckwith of Cincinnati, and the physician in charge Dr. J. P. Dake of Nashville. The operation was most sucessfully performed in February 1872, the lady recovering entirely and being in good health ever since.

During the summer and fall of 1873, Dr. Wm. T. Briggs, in a series of papers constituting a "Report on Tennessee Surgery," in the section on Ovariotomy, claimed to notice every case of ovarian tumor removed from a patient within the bounds of the State; and yet *he made not the least mention of the case of Mrs. Nokes.*

In closing up his detail of cases, in which he mentions the names of the operators, the character of the tumors and the results, he says—"Thus it will be seen that only twelve operations of Ovariotomy have been performed on patients of our State." whereas there really had been thirteen, the twelfth, in order of time, being that of Mrs. Nokes, reported in the *New England Medical Gazette* more than a year before the appearance of Dr. Briggs' history of Ovariotomy in Tennessee.

If we had now another Bowling, who so ably vindicated his hero, Dr. Briggs; or *mutato nomine*, if we could induce the same pen to write up this case, we would offer the following items of further information, which would serve to give proper coloring to a dissertation upon "The Heinousness of the Falsification of History;" or upon "The Distortion of Facts for Selfish Ends;" or "The Sacrifice of Truth to Professional Prejudice and Hate."

1—Dr. Briggs was formerly the attending physician of Mrs. Nokes.

2—The removal of her tumor in February 1872, was mentioned to him in the house of his patient, Mrs. N., upon whom he operated for ovarian tumor in the following October, and whose case he reported as the twelfth and last in his list of September 1873.

3.—A copy of the *New England Medical Gazette*, giving an account of Mrs. Nokes' case, was placed upon his desk by a special messenger several weeks before the conclusion of his history of Ovariotomy in Tennessee.

4. Mrs. Nokes is an old and well-known resident of the community in which Dr. Briggs pursues his daily work.

In addition to this item, we might suggest, that in view of the amazing negligence in the gathering of needed information, or the premeditated and deliberate omission of very pertinent and impor-

tant information in his possession, shown by Dr. Briggs in his "Report on Tennessee Surgery," must cause his future, as well as past reports of what *he has done*, and other "doers on the great theatre of life" have done, to be taken with much skepticism and many "grains of allowance."

Let us all stick to Dr. Bowling's noble sentiments—"deal fair"—"hailing progress in our art, as the great always hail it, *no matter who does it;* he being a brother doer," and keeping strictly within bounds set by the golden rule, "Do unto others as you would that they should do unto you."

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SOCIETY TRANSACTIONS.

CONVENTION OF THE KANSAS AND MISSOURI VALLEY HOMŒOPATHIC SOCIETY.

The Homœopathic Medical Society of Kansas and the Missouri Valley, convened in regular annual session at the rooms of the Young Men's Christian Association yesterday morning, at eleven o'clock.

The Convention was formerly opened by prayer, by Rev. Edward Cooper, and after the transaction of unimportant preliminary business, the convention adjourned to the Otis House, where they dined in a body.

There were present the following professional ladies and gentlemen:

Dr. Fisher, Wichita, Kansas.	Dr. J. J. Edie, Leavenworth, "
" Lillie, Kansas City, Mo.,	" S. M. Pratt, Hiawatha, "
" Bruenger, Pardee, Kas.,	" W. H. Parsons, Atchison, "
" Cowles, Eldorado, "	" L. Grasmuck, Ft. Scott, "
" L. Hubbard, Atchison, Kan.,	Prof. E. C. Franklin, St. Louis, Mo.
" Anna Warren, Emporia, "	Dr. H. Hodges, Warren, "
" N. W. Westover, St. Joe, Mo.	" W. H. Riley, Olathe, Kansas.
" W. G. Hall, " "	" J. T. Thacher, Atchison, Kas.
" J. Field, Kansas City, " "	G. H. T. Johnson, " "
Mrs. Dr. O. C. Wood, Atchison, Ka.	Mrs. Dr. Henderson, Aubrey. "

AFTERNOON SESSION.

The convention convened at 2 o'clock, Dr. G. H. T. Johnson in the chair. The minutes of the last annual meeting, held in Kansas City were read and approved.

Drs. Franklin, of St. Louis, and Hodges, of Warren, Mo., were made honorary members of the society.

The following named persons were presented as members of the Kansas Homœopathic Society; Miss Dr. Anna Warren, of Emporia; Mrs. Dr. Wood, of Atchison, Dr. Pratt, of Hiawatha; Dr. Westover, of St. Joe; Dr. Thacher, of Atchison; Dr. Charles Bruenger, of Pardee; Dr. Lillie, of Kansas City. The Censor Committee having reported favorably, they were duly declared members.

The report of the Treasurer was then read and adopted.

Communications of regret by reason of unavoidable absence, and letters of sympathy and co-operation were read by the Secretary.

The resignation of Dr. Cummins of Kansas City, as a member of the society, was tendered and accepted.

On motion of Dr. Fisher, of Wichita, a committee of three was appointed to draw up resolutions expressing the sympathy of the society with Dr. Huson in his illness. The chair appointed Drs. Fisher, Edie and Grasmuck.

Drs. Franklin and Hodges were invited to seats on the platform, and briefly returned thanks to the society for the honors conferred.

The following were then elected as officers for the ensuing year:

President.—Dr. L. Grasmuck, of Fort Scott.

Vice President.—Mrs. Dr. Anna Warren, of Emporia.

Secretary.—Dr. W. H. Riley, of Olathe.

Censors.—Dr. V. W. Sunderlin, of Lawrence; Dr. J. J. Edie, of Leavenworth; Dr. L. Hubbard, of Atchison.

Directors.—Dr. W. H. Parsons, of Atchison; Dr. J. J. Edie, of Leavenworth; Dr. S. M. Pratt, of Hiawatha.

Dr. L. Grasmuck, the President elect, was then called to the chair.

Reports of Clinical cases were called, and Dr. Lillie, of Kansas City, reported at Kansas City.

Dr. Hall, of St. Joe, was called to the chair, and Dr. L. Grasmuck, of Fort Scott, the President, reported a case. This report was made in printed form, a number of copies being furnished, accompanied by photographs of the case.

On motion, the of the Society were extended to Dr. Grasmuck, a copy of the report ordered to be forwarded to some Homœopathic *Medical Journal*, and to the Bureau of Materia Medica, and spread at length upon the minutes of the Convention.

Dr. G. H. T. Johnson, of Atchison, reported two interesting cases that occurred in Atchison during 1873. The reports were referred to the Secretary to be filed for reference.

Dr. Fisher, of Wichita, reported an interesting case in Sedgwick county. Ordered filed for reference.

Dr. Hubbard, of Atchison, reported a case in Atchison County. Filed for reference.

Dr. Franklin, Professor of Surgery in the St. Louis Medical College, was called for and spoke a few moments relative to the establishment of a Western Institute of Homœopathy. He was followed by Drs. Lillie, Pratt, Gilley, Parsons, Hodges, Hubbard, Hall and Johnson, all expressing themselves favorably upon the subject.

On motion of Dr. Fisher, of Wichita, a committee of three, consisting of Drs. Hall, Johnson, and Lillie, were appointed to confer in regard to the best manner of inaugurating the proposition expressed by Dr. Franklin with request to report immediately.

The Committee shortly appeared and reported as follows:

Your Committee to whom was referred the proposition of organizing an Institute of Homœopathic Medicine in the West, would respectfully report, that they have considered the matter as fully as the time and circumstances would permit, and recommend that this society appoint a committee to confer with the physicians in the West, for the object of organizing a trans-Mississippi Academy of Homœopathy.

(Signed) WM. HALL,
G. H. T. JOHNSON,
JAMES LILLIE.

Before action was taken on the report, Dr. J. Field, of Kansas City, spoke a few moments in opposition to the resolution.

After considerable discussion the report of Committee was adopted unanimously.

Dr. G. H. T. Johnson, the outgoing President, then delivered an able farewell address. It was eloquently delivered, and discussed the principles of Homœopathy in an able and thorough manner.

After the transaction of minor business, the Convention adjourned to meet at 7 o'clock.

EVENING SESSION.

Upon convening in the evening, the President, Dr. Grasmuck, announced the following appointments:

Orator, Dr. Jas. Lillie, of Kansas City.

Essayists, Mrs. Dr. Elizabeth Eggert, of Lawrence, and Dr. Pratt of Hiawatha.

Committee on conference on the proposition of organizing a Western Institute of Homœopathy, Drs. Lillie, of Kansas City, Parsons, of Atchison, and Prof. Franklin, of St. Louis.

The selection of place of next meeting being in order, Ottawa, Leavenworth and Kansas City were mentioned, and after a good deal of discussion, Ottawa was decided upon.

The Board of Censors reported the additional name of Dr. E. N. Cowles, of Eldorado, and Mrs. Dr. M. P. Henderson, of Aubrey, for membership, which report was duly accepted and adopted.

Dr. W. G. Hall, of St. Joe, delivered an address entitled "Homœopathic Therapeutics," which was interesting to the members of the profession and was an able article.

The committee appointed to draft resolutions of sympathy and condolence for our beloved ex-President and brother, Dr. S. K. Huson, who is so prostrated with severe illness that life is despaired of, beg leave to present the following:

WHEREAS, With feelings of mingled deep regret and pain, we learn of the severe illness of our fellow co-worker, Dr. S. K. Huson of Lawrence. Therefore be it

Resolved, That in this severe affliction, our beloved brother and family have the heartfelt sympathies of each individual member of this society and that we earnestly hope, if in accordance with the will of Divine Providence, the sufferings of our brother may be alleviated, his health restored, and a new lease of life given him it may be spent as in the past, for the good of his fellow men.

Dr. Riley offered the following resolution which was unanimously adopted:

Resolved, That the Kansas State Homœopathic Medical Society returns its sincere thanks to the St. Louis Homœopathic Medical Society, and the Homœopathic Medical College of Missouri, for sending so able and competent a delegate to our meeting, as Prof. E. C. Franklin, M. D., and we return our grateful thanks for his presence and able address.

Prof. E. C. Franklin, M. D., of the Homœopathic Medical College of Missouri, addressed the society and audience, encouraging the members, and showing a zeal and earnestness of manner which diagnosed strongly his sympathy with the organization.

The President elect, L. Grasmuck, M. D., of Fort Scott, delivered an able addess, entitled "Our Success and Our Responsibilities," which we are sorry cannot be published in full, replete as it was with information, not only for the Homœopathic physician, but also for the laity and the general public. As the title would indicate, the address consisted of a revise of the successes in the science of medicine from the time of Hippocrates to the present, but dealing more particularly with the successes and brilliant achievements of the Homœopathic Therapia as seen by Homœopathic eyes.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Annual meeting, in Albany, second Tuesday and Wednesday in February; semi-annual meeting, second Tuesday in Sept.

OFFICE OF THE RECORDING SECRETARY, No. 17 SECOND STREET, TROY, N. Y., *July* 27, 1874.

DEAR DOCTOR:—I have the honor of presenting to you certain facts regarding the condition of our County Societies, and the necessity for immediate reorganization, in pursuance of a request by the Executive Committee of the State Society; also in compliance with a resolution offered by Dr. B. F. Cornell, and unanimously adopted, to wit:

RESOLVED, That the Homœopathic Medical Society of Northern New York urgently request of Dr. Vincent, that his article entitled "A Plan for Reorganizing the County Societies into Judicial District Societies," be printed and disseminated throughout the State, that it may be submitted to the Homœopathic Medical Society of the State of New York at its next meeting.

We have in the *sixty counties* of the State *thiry-three* organized County Societies, of which number *six* have regular meetings, read papers, discuss medical topics, and may be considered creditably active.

Seven Societies secure a quorum once a year for the transaction of an organization.

Twenty Societies are dormant, if not absolutely moribund.

This truthful but sad comment upon the apathy manifest in our profession, is not from want of numerical strength, but from causes I shall consider hereafter. Let us review the status of the several county organizations in the eight districts of the State.

In the First Judicial District, comprising the physicians in the city and county of New York, we have an active organization, with a membership of *ninety;* but by uniting all the Homœopathic Societies of the city, taking Westchester county from the Second District, *one hundred and ninety-seven* Homœopathic physicians would reside within its limits.

In the Second District, composed of *eight* counties and *one hundred and forty-three* Homœopathic physicians, *not one* active County Society exists. *Four* counties, with *thirteen* physicians in the aggregate, are without any societies.

In the Third District, composed of *seven* counties and *fifty-five*

Homœopathic physicians, there is *one* active County Society. *Three* counties, with *four* physicians in the aggregate, unable to sustain a county organization.

In the Fourth District, composed of *eleven* counties, there is *not one* active Society. There are *forty-three* Homœopathic physicians in the district, but *seven* counties, with *fifteen* physicians in the aggregate, are without County Societies.

In the Fifth District, composed of *six* counties and *fifty-seven* Homœopathic physicians, there is *one* active Society, but *three* counties with *sixteen* physicians are without County Societies.

In the Sixth District, composed of *nine* counties and *seventy-two* Homœopathic physicians, there is *one* active Society, and *three* counties with *sixteen* physicians in the aggregate having no Society

In the Seventh District, composed of *nine* counties and *one hundred* Homœpathic physicians, there is *one* active Society. *One* county containing *five* physicians without a Society.

In the Eighth District, composed of *eight* counties and *sixty-one* Homœopathic physicians, there is *one* active Society, and *five* counties with *eighteen* physicians in the aggregate without county organizations.

Thus we find there are *one hundred and eighty-seven* Homœopathic physicians in the State who stand aloof from all County Societies; *three hundred and eighteen* physicians members of county societies whose existence is only in name; and *one hundred and sixty-three* physicians distributed among the *six active County Societies.*

In considering this lamentable state of affairs, I would first call your attention to a portion of the report made by Drs. J. C. Minor, T. F. Allen and F. E. Doughty, to whom had been referred the plan of uniting the Homœopathic Medical Society, the Hahnemann Academy of Medicine, and all other Homœopathic Medical Societies of the City of New York, in one common Society. The report reads as follows:

"The proposition which gave rise to the appointment of this committee, contemplates the organization of all Homœopathic physicians into one active society, whose interests shall be so broad as to include every department of medical research, and, by the concentration of a variety of interests, bring into its active membership the entire body of Homœopathic physicians in this city. Underlying this is the moving principle of the proposition, namely: the reorganization of the County Society so that it shall be the rallying point for all Homœopaths, the bond of union which shall hold us all together in the strength of an undivided interest for the ad-

vancement of Homœopathy, and for the attainment of our legal rights as physicians.

"The repeated defeats which we have suffered, as a school, from our opponents, have not been brought upon us as Homœopaths but as individuals. Our school has been divided into smaller sects, with no harmony of action, each working at cross-purposes with every other one. And whenever any movement has been undertaken for the attainment or possession of that public and official recognition which is our legal right, it has miserably failed; not because our claim was unjust, not because our practice was not able to bear us triumphantly through the severest tests, but simply from the fact hat we were wanting in one essential element of success—an efficient organization.

"The difficulty has been that all these undertakings have begun at the wrong end. A few of the profession initiate a movement, and then call on the rest to support their claim. They move first and organize afterwards. Only a half-hearted support is given, because, as there has been no preliminary consultation, there can be no wides-pread confidence. Some regard it with disfavor, because it appears to emanate from a certain set or clique to which they do not belong, and whom they will not trust; others give no support, because they have not been asked; and thus, one reason or another, perhaps of the most trivial character, operates within our schools to nullify the sincerest efforts for the advancement of a common cause. On probing to the very bottom for a practical reason why we are not represented in the public hospitals, in the police force and health department, and in the medical staff of the army and navy, we can never lay the blame on Homœopathy, but must find it in the personal prejudices of our school, in the personal character of all our undertakings, in the absence of mutual confidence; in one word, we fail because we lack an efficient organization."

If this want of harmony, this exhibition of *bad blood*, is manifest in Societies and in cities where numerically and intellectually we are so strong, what more can we expect in the smaller Societies than utter failure and disgrace when these same unfortunate circumstances exist. How can we expect a local Society, composed of from four to ten inharmonious members, to participate heartily in the narration of cases, successful or unsuccessful, with distrust in each other's statements, with jealousies and bitterness rankling in their breasts, and not feel that the should-be "colleague" is the "competitor;" thus, however ardent the desire may be to cultivate medical and scientific research, it is sure to be buried in the filthy

debris of calumny and misrepresentation. This is the experience of a large majority of the local Societies everywhere, and is applicable no more to our own than to the Allopathic and Eclectic. We do not value highly enough our opportunities, rights and privileges, granted us by the Legislature, equal to those given any other school of medicine; our colleges, asylums, hospitals, every facility for the further development of our special system of therapeutics, equalled by no State in the Union or by any country in the world; yet we are permitting our prestige and results of years of effort to go to the four winds, a vicarious sacrifice to the vagaries of a liberal science of medicine, and the cause is, NO ORGANIZATION!! NO ESPRIT DE CORPS! "No esprit de corps! no organization!" We must awake from our lethargy, look beyond self and mercenary ends. The fact is, that in accepting the "principles of Homœopathy," as expressed in the maxim, "Similia similibus curantur," we have fenced in more territory than one generation of medical minds can cultivate. We must prove the therapeutic sphere of Homœopathy "circumscribed." We must satisfy ourselves that our failures are due to the imperfections in the "law" and not to our misapplication of it. We must cease to discover errors in our Materia Medica, the result of our hasty and crude provings, else with a firm, abiding "faith," work as educated, scientific believers in a "truth" should work. Never will we rightly estimate our responsibilities and advantages until, in the "magnitude" of our organizations, individualities and personal prejudices give way to a united zeal for the promotion of every interest, and the thorough investigation of every principle involved in "the law of cure."

To further the accomplishment of this result, I would suggest the reorganization of our County Societies into eight District Societies, the limitation of the district to be governed by the present Judicial limit, or any more convenient arrangement—railroad facilities to be considered. For argument's sake, let us take the present plan of Judicial Districts.

If New York County reorganizes as now proposed, that Society would constitute, with the admission of the physicians of Westchester County (which now belongs to the Second Judicial District), the First District Homœopathic Medical Society of New York.

The Second District Hom. Med. Society would include the counties of Richmond, Suffolk, Orange, Kings, Queens, Rockland, Dutchess, Putnam.

The Third District Hom. Med. Society would include the counties of Columbia, Rensselaer, Sullivan, Ulster, Albany, Greene, Schoharie.

PROPERTY OF THE HOMŒOPATHIC LIBRARY, AND READING ROOM ASSOCIATION,

The Fourth District Hom. Med. Society would include the counties of Warren, Saratoga, St. Lawrence, Washington, Essex, Franklin, Clinton, Montgomery, Hamilton, Fulton, Schenectady.

The Fifth District Hom. Med. Society would include the counties of Oneida, Onondaga, Jefferson, Oswego, Herkimer, Lewis.

The Sixth District Hom. Med. Society would include the counties of Otsego, Delaware, Madison, Chenango, Tompkins, Broome, Chemung, Tioga, Cortland.

The Seventh District Hom. Med. Society would include the counties of Livingston, Ontario, Wayne, Yates, Steuben, Schuyler, Seneca, Cayuga, Monroe.

The Eight District Hom. Med. Society would include the counties of Erie, Chautauqua, Cattaraugus, Orleans, Niagara, Genesee, Allegany, Wyoming

Uniting these counties into District Medical Societies, a large percentage of the "six hundred and sixty-eight" recognized Homœopathic physicians in the State would unite with them, and the numerical strength be so greatly augmented that each District Society could establish special Bureaus after the plan of the State and New York County Societies; also, "District Medical and Scientific Libraries, District and Pathological Cabinets, District Provers' Unions, District Clinics," and by mutual arrangement "students could be qualified for the practice of medicine in conformity to the provisions of the new law governing medical education;" and much more that would promote the interests of Homœopathy, were we only imbued with the right spirit.

It is but just to remark that, with a very few exceptions, the most energetic and progressive Homœopathic Medical Societies in the State, to-day, are the New York Medical Society, the Societies of Central and Northern New York, comprising *three* of the *eight* District Societies I desire so much to see organized.

Now let us consider the benefits from this system of organization derivable by the State Society, which, thanks to my predecessor, is in detail the best organized Homœopathic Medical Society in the world.

A piece of machinery, however elaborate in its mechanical appliances, is only practically effective when its various parts are made subject to the *impelling power;* so the absolute usefulness of the New York State Homœopathic Medical Society is estimated by the influence and support given it by the subordinate Societies throughout the State. We have as members of the State Society *two hundred and ninety-seven* physicians, of whom *one hundred and twenty-four* are regular delegates, and *one hundred and seventy-three*

permanent members. The delegate representation in many counties is out of proportion to the number of physicians members of the County Society. This causes dissatisfaction, and in some instances the withholding of delegates and their dues. By the District plan, delegate representation would be equalized and an increase of delegates result, because counties now without representation would be included in the District quota.

Again, and more important than all else, would be the improvement in the number and practical value of the reports of cases, contributions to the Bureaus, and in the more general participation in discussion; these District Societies would wipe the rust off our brain lobes and prepare us to intelligently listen and criticise.

Then, too, the increased financial support that would be given the Society. I may here state a few plain facts that will certainly do no harm to be known. With the present arrangement, the financial support of the Society is accomplished by *hard "dunning."* The few physicians who have the interests of the Society and of Homœopathy at heart, bear the *heavier part of the burden*—the *unequal, the unjust share.* There are members of the Society who give annually from *ten* to *fifty* dollars to aid in its support and in the furtherance of projects vitally related to it. Then, on the other hand, we have those who would repudiate their membership to save the paltry sum of three dollars. If the results from this niggardly course would only revert to the deserving ones, it would not be a cause for regret, but the benefits and blessings derivable from so powerful an organization as the State Society is like the gentle rain a good God distills on the just and unjust, it falls equally on us all. If we would sustain our prestige in the State, *we must support our State organization.*

Then how may we equalize the burden and secure full delegate representation from every county in the State?

The First District would be entitled to 24 delegates and an assessment of $1.00 per member would pay the $120 delegates' dues.

Second District would be entitled to 19 delegates and an assessment of $1.00 per member would pay the $95 delegates' dues.

Third District would be entitled to 15 delegates and an assessment of $1.25 per member would pay the $75 delegates' dues.

Fourth District would be entitled to 15 delegates and an assessment of $1.50 per member would pay the $75 delegates' dues.

Fifth District would be entitled to 11 delegates and an assessment of $1.25 per member would pay the $55 delegates' dues.

Sixth District would be entitled to 12 delegates and an assessment of $1.25 per member would pay the $60 delegates' dues.

Seventh District would be entitled to 15 delegates and an assessment of $1.00 per member would pay the $75 delegates' dues.

Eighth District would be entitled to 14 delegates and an assessment of $1.25 per member would pay the $70 delegates' dues.

This would secure an annual income from the dues of delegates, of $625.

And from the 173 permanent members, of $519.

Making a total annual income of $1,144, "an amount of money sufficient to meet all ordinary expenses of the Society, and place a copy of the annual volume of Transactions in the hands of every Homœopathic physician in the State.

I would state, in conclusion, that if the *existing laws* do not admit of the condensation of *County* into *District Societies*, we can petition the Legislature to grant us such a law.

I submit this plan for your consideration and that of your confréres, hoping that by its adoption, or that of some other, we may awaken renewed zeal in our organizations and in their hearty support.

Yours Truly,

FRANK L. VINCENT.

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AFTER COMMENCEMENT AT THE BANQUET, GIVEN TO THE STUDENTS OF THE N. Y. HOM. MED. COLLEGE.*

Session of 1873, '74.

The lights are out; the ceremonial o'er,
The music hush'd; the long-sought honors won,
Commencement day of eighteen seventy-four,
So long expected; now is almost done,
Yet here we linger, linger to the last,
Loth to consign it to the slumbering past,
Conscious in mind, that then the ties must sever,
That bind the members of our class together.
To-morrow's sun will soon illume the skies;
To-morrow's world will to its toils arise,
And each of us diverging paths will tread,
Where duty calls, through life's broad fields outspread.

Then as you wander through the devious ways,
Bright with the sunshine of a glorious youth,
Onward and upward through the fleeting days,
Searching for light, for honor, and for truth;
Thro' storm and cloud; thro' sunshine and thro' shade,
O'er dark morass and through the verdant glade,—
Earnest and brave in that relentless strife,
Forever waging thro' the years of life;—

* Published by request.

The silver hair; the wrinkled brow *will* speak,
A step less firm, a furrow in the cheek,
Will tell the story of departed years,
Of hopes triumphant, watered with your tears.

Then as some traveler on the rocky ways
Of mountain slopes doth toiling upward go,
Pauses awhile and placidly surveys
The field, the streams, and woodlands far below,—
So in those hours of rest; when mem'ry steals
Athwart the senses with a mystic light,
Which gleaming o'er life's wanderings reveals
Scenes long forgot, in colors fair and bright,
Will one arise unbidden to your gaze,
Your student life, those happy dear old days,
When burning with th' Æsculapian flame,
To Alma Mater hitherward you came.

The sacred lecture-rooms where tier on tier
The seats arise all peopled well appear,

PRACTICE OF MED.

And BRADFORD rising to his place once more
Will fill your minds with medicated lore,
Descant on health, life's chiefest, choicest boon,
And give the notes of organs out of tune.

ANATOMY.

CARMICHAEL, classic then again will speak,
Of Latin terminals and roots of Greek,
Tell to what end each bone and muscle serves,
And mystify your senses with "*the nerves.*"

PHYSIOL.

The scene will shift and EBELL there will stand
With the eight-legged Arachneida in his hand,
While scorpions twist and spiders swiftly turn,
Will teach you by comparison, to learn.

CLINICAL MED.

A throng of patients then will fill the hall,
And there will symptomatic LILIENTHAL,
A diagnosis give without a flaw,
And *prove* the truth of Hahnemann's great law.

CHEMISTRY.

There AVERY, a chemist among men,
Will mix his sulphur and his hydrogen,
Make solids soft, make colors not a few,
Make smells sublime—yea, and make water, too.

PRACTICE OF MED.

The favored DOWLING, with accustomed ease,
Will teach you "*practice,*" and—collect your fees,
Discourse on "mucous tracts"—enjoy a frolic,
Relate the history of Painter's colic,
Strive for the good and glory of the class,
And pray that each and all of you will "PASS."

INSTITUTES.

See, PAINE advancing with a stately air,
Will seat himself sedately in a chair,
Will tell "the why and wherefore" of disease,
The rationale of each cough and sneeze,
Instruct in ethics, regulate disputes,
And revel in the mystic "*Institutes.*"

OPHTHAL.

Then LIEBOLD—causing many a dropping tear,
Will give to "*pupils*," his especial care,
With steady hand and nicety of tact,
O'erturn with ease the *blinding cataract*.

OBSTET.

LO! BURDICK comes with forceps in his arms,
Invoking Juno with her mystic charms,
Tells how the world is peopled, and relates
How oft the young are found in narrow straits,
Invokes the anæsthetic to his aid,
And cures with vinegar the sickness made.

MAT. MED.

ALLEN again will promulgate the notion,
Of power obtained by molecules in motion,
Will clear the symptoms of mysterious fog,
And cut the sympathetic in a dog.

GYNAEC.

MCDONALD next will strike your senses dumb,
With wonders of a novel speculum,
Discourse of amber waters as they flow,
And gather sands deposited below.

MED. JURIS.

Into the amphitheatre as of old
A LYON enters with a *facies* bold,
You fear him not, how keen your senses are,
Knowing he's link'd forever to the "*bar*."

MICROSCOPY.

The other ALLAN with the double *a*
Will show the microscopic wonders of the day,
Predict the truth and demonstrate full well,
That all of us are nothing but a—*cell*.

VENEREAL DISEASES.

DOUGHTY dilating, with a curious sound,
Will *pass his strictures*, with a skill profound,
Will tell again how e'en a slight mishap,
Like lightning's followed by a thundering clap.

MINOR SURGERY.

THOMPSON again in language plain and terse,
Will show the turns of many a queer *reverse*,
And while he sews, admonish you in future,
To *suit—your*—selves when you apply a *suture*.

LIFE INSURANCE.

Yes, these (all phantoms then) will swiftly rise,
And pass—as *now they seem*, before your eyes,
And while fond mem'ry drops the silent tear,
Your Prof. Emeritus will there appear,
With solemn voice—and with an action mystic,
Will scatter *periodicals statistic*,
Showing the best and safest means of cure,
And murmur in your ear "*Insure!*" "*Insure!*"

Then will the vision fade upon the sight,
The lights grow dim, the banquet of to-night
Begin to pale, but ere it pass away,
Another form still lingering, bids it stay.
'Tis he who now before the table stands,
Who asked the *prolonged pressure of your hands*.*

* Referring to the continued digital compression made by members of the class, in the treatment of a case of popliteal aneurism.

Came from a labor with the infant new,
And first of all presented it to you,*
'Tis he who taking now his last farewell,
Bids you remember, that the bright scalpel,
Tho' keen to cut, may also write your name,
In gilded letters, on the scroll of fame.

But lo! the dream is past, the curtain soon will fall,
The act is over—May God bless you all. W. T. H.

* The first copy issued of Helmuth's System of Surgery.

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NOTICE

The Bureau of Obstetrics are expected to make a report at the meeting of the Hom. Med. Society of the county of New York, on Sept. 9th, next. Contributions are respectfully solicited, to be sent to the chairman of the Bureau, Dr. S. P. Burdick, 351 W. 34th St.

ALFRED K. HILLS, M. D.
Sec'y N. Y. Co. Hom. Med. Soc'y.

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LIBRARY NOTICE.

Contributions of books or money, are respectfully solicited by the Committee on Library.

ALFRED K. HILLS, M. D.
Chairman Library Committee.

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BOOKS RECEIVED.

ATMOSPHERE ELECTRICITY AND OZONE. By Geo. M. Beard, M. D.

A NEW METHOD OF TREATING MALIGNANT TUMORS. By Geo. M. Beard, M. D.

DISSECTION OF DR. CASANOVA'S FORCEPS. By Ed. A. Muphey, M. D.

THE CURE OF DEFORMITIES BY PROGRESSIVE DIVULSION. By Geo. H. Taylor, M. D.

FIRST ANNUAL REPORT OF THE STATE CHARITIES AND AID ASSOCIATION.

OPHTHALMOLOGY AND OTHER SCIENCES. By T. P. Wilson, M. D.

IODOFORM, ITS THERAPEUTICAL EFFECTS. By Stiles Kennedy, M. D.

RUPTURE OF THE PERINÆUM, ITS CAUSES AND CURE. By A. K. Gardner, M. D.

REVUE. HOMŒOPATHIQUE.